

NOV 18 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County JacksonTownship BlueCity Independence (No. 2nd. Sanitarium)Registration District No. 398Primary Registration District No. 3019File No. 37839Registered No. 3352. FULL NAME Elmer Warden(a) Residence, No. R R #1 Eastern Mo. Ward.

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Helen Warden6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 18, 19067. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 31 7 238. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (CITY OR TOWN) Leavenworth Co. Kansas
(STATE OR COUNTRY)13. NAME Samuel Warden14. BIRTHPLACE (CITY OR TOWN) Leav. Co. Kansas
(STATE OR COUNTRY)15. MAIDEN NAME Ann Watson16. BIRTHPLACE (CITY OR TOWN) Leav. Co. Kansas
(STATE OR COUNTRY)17. INFORMANT Clarence Warden
(ADDRESS) Lawrence Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Leavenworth Co. Mo. DATE Oct 11, 193719. UNDERTAKER Geo. C. Carson
(ADDRESS) Independence Kansas20. FILED 10-13-37 F. L. Cook
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-11-3722. I HEREBY CERTIFY, That I attended deceased from 10-11-37 to 10-11-37I last saw him alive on 10-11-37, 1937 Death is saidto have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Automobile Trauma
Cerebral hemorrhage
In maxilla left
Fr. mandible
Hemorrhage into ventricles
Edema lungs

Other contributory causes of importance:

Name of operation none Date of 10-11-37What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 10-11-37Where did injury occur? 24th St. Independence Jackson Co. Mo.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Automobile TraumaNature of injury Cerebral hemorrhage

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. H. Heston M. D.(Address) Independence

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

2107m

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

37859

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson

Registration District No. 398

(b) Township Independence

Primary Registration District No. 3019

Registered No. 335

(c) City Independence

(d) Street No. St.

(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Elsner Warden

(a) Residence, No. St.

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 31 7 23

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED Oct 13 1937 J. L. Cook Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10 - 11 1937

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw him alive on 19 Death is said

to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Automobile Traumatism Date of onset

Cerebral Hemorrhage

Fracture of Left

Maxillary Mandible Hemorrhage

Extra Ventricular

Other contributory causes of importance: 210M

Edema lungs

Passenger in Car

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) L. J. Long M. D.

(Address) Dep. Coroner

S-37839